

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |   |  |  |                            |
|---|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>013107</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b><br><br>B. WING _____                      |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/28/2013</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLBROOKE OF CRAWFORDSVILLE</b> |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>517 CONCORD ROAD<br/>CRAWFORDSVILLE, IN 47933</b> |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| K 000   | <p><b>INITIAL COMMENTS</b></p> <p>An Initial Life Safety Code Certification and State Licensure Survey for a new facility with 70 certified Comprehensive beds and 30 Residential beds was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/28/13</p> <p>Facility Number: 013107<br/>Provider Number: 013107<br/>AIM Number: NA</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist</p> <p>At this Initial Life Safety Code and Environmental survey, the portion of Wellbrooke of Crawfordsville which will be certified was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities. The residential area was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards, and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system</p> |  |  | K 000   |  |  |                            |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   |  |  |  | TITLE   |  | (X6) DATE  |                            |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 000   | <p>Continued From page 1</p> <p>with smoke detection in the corridors, in spaces open to the corridors, and hard wired smoke detectors in all 96 resident rooms. The facility has a capacity of 100 beds with 70 Comprehensive beds and 30 Residential beds. The facility had a census of 0 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/29/13.</p> | K 000  |  |                            |  |